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WHICKHAM
URBAN DISTRICT COUNCIL.



Annual Report

OF THE

Medical Officer of Health

AND THE

SANITARY INSPECTOR

Mr. Geo. E. HOPPER,

FOR THE

YEAR ENDING DECEMBER, 1913.

SWALWELL,
ARNOLD A. FLETCHER, GENERAL PRINTER, MARKET LANE,
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REPORT.

WHICKHAM.

February, 1914.

MR. CHAIRMAN AND GENTLEMEN,

I beg to submit my Annual Report for 1913.

The Official estimate of the population of the whole district is 19,857 which is probably fairly accurate as the growth of the district since last census has been a fair average, Distributed over the four wards the figures approximately are:- Whickham 3,201, Swalwell 4,182, Marley Hill 2,233 and Dunston 10,241.

BIRTHS:—These were registered in the district 563 births and to residents outside the district 2, making a total of 565, which is 15 less than last year. Of these 288 were males and 277 females, 543 were legitimate and 22 illegitimate.

In the different wards the numbers were:- Whickham 92, an increase of 2, Swalwell 156, an increase of 17 and precisely the same as the previous year, Marley Hill 39, a decrease of 16 and Dunston 278, a decrease of 18.

The total corrected birth rate is 28.45 which is 1.81 lower than last year and is the lowest on record.

It is 4.4 lower than the average of the past 5 years and this average is also steadily falling. It is 2.2 lower than the County and 6.5 lower than the County average, but still 5.5 higher than that for England and Wales at 23.9.

It is evident that this district is somewhat rapidly following the decline which is occurring throughout the Country generally, though the County was later in manifesting it.

DEATHS:— The number of deaths registered in the district was 235, which is 19 more than last year. In addition there were 41 deaths of residents in public and private Institutions, and elsewhere outside the district, viz:- 15 in the Royal Victoria Infirmary, Newcastle-on-Tyne, 14 in the Union Workhouse Infirmary, 4 in the County Asylum, 1 each in Hospitals for Sick Children, Newcastle and Gateshead, 4 in the Isolation Hospital, and 2 elsewhere, while 9 deaths of non-residents registered in our area have been transferred to their proper districts.

The nett deaths belonging to the district were thus 267, which is 25 more than last year. Of these 141 were males, and 126 females.

For the respective wards the numbers are:- Whickham 42, an increase of 13; Swalwell 66, an increase of 8; Marley Hill 18, a decrease of 3; and Dunston 141, an increase of 7.

The death rate is 11·83 for those actually registered in the district, and 13·44 for the actual residents, after adjustment of the outgoing and incoming transfers which is the corrected death rate.

This is 0·8 higher than last year, and precisely the same as the average for the last five years.

It is 1·7 lower than the County for the year, and 2·4 lower than the County mean rate for the last five years, and precisely the same as that for England and Wales.

INFANTILE MORTALITY:— The deaths under one year numbered 85, as registered in the district. One death occurred to a resident outside the district, which is balanced by one transferred to another district, so that the nett is still 85. This is 35 more than last year.

Belonging to the various Wards, the numbers were:- Whickham 12, an increase of 10; Swalwell 28, an increase of 15; Marley Hill 3, a decrease of 4; and Dunston 42, an increase of 14; all thus show a great increase except Marley Hill.

The infantile mortality is 150, which is 64 higher than last year, when it was the lowest on record.

It is 37 higher than the average of the past five years, 13 higher than the County, and 11 higher than the County average, and 41 higher than England and Wales, at 109.

The rate for legitimate children was 152, and for illegitimate 90.

For the individual Wards the rates were:- Whickham 130, Swalwell 179, Marley Hill 76, and Dunston 151.

The precise cause of all infant deaths is set forth in Table IV appended to this report. It behoves us to study this Table very carefully. We cannot but feel greatly disappointed at the much higher rate than last year, and indeed than any of the previous five years, though it is still lower than pertained prior to that period.

THE COMMON INFECTIOUS DISEASES have played no part in the increase, as they are only represented by one death from Measles.

DIARRHŒAL DISEASES show an increase as might be expected from the character of the season which was, during Summer and Autumn, dry and warm, but without being very hot. It was not quite a typical diarrhœa year, though more so than last one. These diseases caused 13 infantile deaths, as against only 4 last year. These occurred in the more crowded areas, two of the Wards—Whickham and Marley Hill—having none at all. The causes have been very fully discussed in former reports, and the methods we have tried to reduce them have been fully explained. The help of our nurses, acting as health visitors, has undoubtedly been most beneficial, and the mothers have, in an increasing degree, been persuaded and helped to give their babies the benefit of breast feeding, and where this has been impossible, have been taught the best methods of artificial feeding.

We have also made great progress in general sanitation in getting yards etc., made and kept cleaner, and in securing the com-

plete abolition of middens and ashpit privies. Unfortunately the substitution for the latter of ashclosets which has been the general rule has not been altogether satisfactory and I am afraid we will not approach the complete elimination of this factor in infant mortality until we get throughout, the substitution of water closets for these ash closets.

The group of WASTING DISEASES is that in which has occurred the greatest increase of mortality and it is this group which now and in the future will be most deserving of special consideration.

This group includes premature births, congenital defects, defective vitality at birth and marasmus, which latter includes various conditions which interfere with the healthy growth of the child without being recognised as definite diseases.

Most of them are nutritional and we have hoped to reduce them by greater care in feeding and general management as taught by the health visitors and there was during the last three years a great improvement, but it is disappointing to find that the number has again gone up.

Others are no doubt due to congenital functional defects or of defects in the internal organs, and others are no doubt due to Syphilis without clear manifestations of that disease. It is well known also that this is a frequent cause of premature births.

It is to be hoped that much light will be thrown on this subject as the result of the Royal Commission which is now sitting.

Premature births were more than usual but many of these were due to twin births, the children in these cases being often born prematurely and more defective in vitality than ordinary.

The whole subject of premature births, congenital defects, congenital debility and marasmus requires much more careful investigation than it has received especially in view of the steadily falling birth rate everywhere throughout the Country. The subject of

ante-natal hygiene is now receiving much more attention than it did but there seems considerable hesitation in approaching one aspect of it viz:- the effect of the use of preventives of conception, and I am afraid I must add, the effects of efforts often unsuccessful to procure abortion. There is a growing conviction that both methods are becoming more and more used to restrict the size of families. Whatever effect the former may have on the community, there can be no doubt about the injurious effect of the latter on both mother and child. The drugs most commonly used and advertised by quacks are all seriously poisonous and only act by poisoning the blood. I have myself been able to detect in the gums the presence of lead, which in all probability had been used for this purpose, for lead is perhaps the most common ingredient in the quack pills so largely sold to women.

I attended as your representative at the English Speaking Conference on Infant Mortality held in London during the year, and I hope derived considerable benefit, many of the papers and discussions were of great interest and value. They were largely devoted to the best methods of feeding and rearing children, but ante-natal hygiene was by no means neglected.

One thing struck me forcibly, that though the conference contained a large proportion of ladies—doctors, nurses, health visitors etc., the subject of Syphilis in its bearing on child life was most thoroughly and earnestly discussed, there was a marked hesitation to discuss the question of preventives of conception, and that of attempts to procure abortion, but the latter subject must be brought into the open and discussed fully in the near future.

Though TUBERCULOUS DISEASES again do not appear as a cause of infantile mortality, it does not follow that tubercle does not play its part. We have to consider the effect on the vitality of the child born of Tuberculous parents and infection of the child may only show its serious consequences in later life.

CONVULSIONS caused 3 deaths, but these are practically always due to something else which evades discovery.

RESPIRATORY DISEASES:—These as usual formed a large factor in the infant mortality causing altogether 16 deaths of which 8 are ascribed to Bronchitis, and 8 to Pneumonia (all forms), no doubt most of them broncho-pneumonia.

In my last report I considered this subject very fully, and need not further elaborate it, except to reiterate my conviction that such diseases, so common and so fatal in the winter months, are just as preventible as Diarrhœa in the summer and autumn. It is a question of sanitation and education. Besides, there can be no doubt that a considerable proportion of the babies whose deaths are attributed to these diseases are distinctly weaklings.

I cannot refrain from expressing my disappointment at the rise of the infant mortality rate, after getting it down to 86 in the previous year.

It shows clearly that we cannot relax our efforts, and it indicates that still more means must be tried to effect a further decline.

It was long thought that a rate of 100 might be considered very satisfactory, but in some countries it has fallen considerably lower than this, and that by clearly defined and proved methods of sanitation and feeding, notably in New Zealand, where, very largely through the efforts of my friend, Dr, Truby King, it has fallen to as low as 40 and to an average for several years, below 50.

I have a great hope that if we can get a Cottage Hospital for the district, the Council might be induced to make it the centre of a further scheme for the preservation of child life.

ZYMOTIC DISEASES:—There were 26 deaths from these diseases which is 15 lower than last year and the character is very different, for while only 5 deaths under 2 years occurred from Diarrhœa last year, we had 17 for the year under consideration. The others were

1 from Enteric fever, 3 from Measles, 1 from Scarlet fever, 3 from Diphtheria, and 1 from Whooping cough.

The Zymotic death rate is 1·3, which is 0·8 lower than last year, 0·5 lower than the County, and 0·6 lower than the County average.

There was no serious epidemic prevalence of any of these diseases during the year.

The deaths per ages and districts are given in the following Tables:—

DEATHS FROM ZYMOTIC DISEASES.

	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 60 years	Over 60 years	Whickham	Swalwell	Marley Hill	Dunston	Total
Smallpox	::	::	::	::	::	::	::	::	.	::	
Measles	1	2	::	::	::	::	1	::	::	2	3
Scarlet Fever ...	::	1	::	::	::	::	::	1	::	::	1
Whooping Cough ...	::	1	::	::	::	::	::	::	::	1	1
Diphtheria (including Membranous Croup)	::	3	::	::	::	::	2	::	::	1	3
Fever Typhoid	::	::	::	1	::	::	::	::	::	1	1
Diarrhœa (including Enteritis under 2 years)	14	3	::	::	::	::	::	3	.	14	17
Totals	15	10	...	1	...	...	3	4	...	19	26

PHTHISIS PULMONALIS:—There were 20 deaths from this cause of which 7 occurred outside the district.

This is 3 more than last year and is equal to a death rate of 1·0, which is 0·12 higher than last year, It is 0·11 higher than the County for the year, and 0·08 higher than the County mean.

The following Table shows ages and districts:-

DEATHS FROM TUBERCULAR PHTHISIS.

Under 1 year.	1 to 5 years.	5 to 15 years.	15 to 25 years.	25 to 45 years.	45 to 65 years.	Above 65 years.	Whickham.	Swalwell	Marley Hill	Dunston	Total
0	0	3	3	6	7	1	4	3	0	13	20

From other tubercular diseases there were 8 deaths, being 5 less than last year. This is equal to a death rate of 0·4, which is 0·27 less than last year, and 0·13 lower than the County, and 0·34 lower than the County mean.

The following table shows the deaths from all tubercular diseases:—

DEATHS FROM ALL TUBERCULAR DISEASES.

Under 1 year.	1 to 5 years.	5 to 15 years.	15 to 25 years.	25 to 45 years.	45 to 65 years.	above 65 years.	Whickham	Swalwell.	Marley Hill	Dunston.	Total
0	3	4	4	8	8	1	5	6	1	16	28

This is equal to a death rate of 1·41, which is 0·14 lower than last year. It is 0·01 lower than the County and 0·25 lower than the County mean.

It shows that 10·48 per cent of all the deaths during the year were due to tubercle in one form or another.

While these Statistics then show that the death rate from Pulmonary Phthisis has slightly increased and is slightly above the County, that from all tubercular diseases has decreased and is below the County.

This is the condition or group of diseases that is now exciting the greatest interest in connection with preventive medicine. All departments of the Public Health Service are devoting attention to it, aiming mostly at its prevention, and hoping for ultimate extinction, while the State Insurance Act has provided large sums of money to assist in the crusade.

The cause of tuberculosis is of course infection by the tubercle-bacillus which is very widely prevalent, but a factor of no less consequence is the resisting power of the individual against the invasion of this infective organism.

The crusade against tuberculosis must therefore equally be concerned with both these factors, 1st. diminution of the prevalence of the tubercle bacilli in concentrated numbers, and 2nd increasing the resisting power of the individuals by generally improving the conditions of healthy living.

The chief sources of infection are tubercular cows supplying tuberculous milk and the presence in the community of the people suffering from Consumption in its more advanced stages and not being careful in the disposal of their sputum. The former is the principal cause of the non-pulmonary tuberculosis in children.

Medical opinion is generally united on this point. The latter is generally believed to be the cause of pulmonary tuberculosis in adults but there is a strong division of medical opinion on this point, many very competent observers who have devoted much time to the investigation of this subject, holding the opinion that even in adults, pulmonary consumption is largely due to infection by milk in childhood, the infection remaining latent until other factors arise which favour it again becoming active. They do admit the source of infection from consumptive patients, but believe that only to a moderate extent is the infection conveyed by breathing. I certainly

agree with the latter to this extent that the danger to the community of consumptives has become in the public mind greatly exaggerated, and that where the unfortunate patients can be taught the strictest cleanliness and care in the disposal of their sputum, they become but little dangerous to others who are living under fairly healthy conditions. On the other hand where such patients are not cleanly and careful and are brought into close association with others living in dark, overcrowded, badly ventilated houses, they must become serious sources of infection, whether the respiratory or digestive tract be ultimately proved to be the main entrance of the infective organisms.

That the average human being has a great power of resistance to tuberculous infection is certain. Very few people indeed arrive at middle age without having been infected with tubercle and traces, are left in healed lesions in one or other parts of their bodies, but few of these have ever manifested clinical signs or symptoms of the disease. They have become cured by resisting and overcoming the infection.

What then, can we do to abolish tuberculosis in human beings? Undoubtedly as regards the non-pulmonary (and pulmonary is rare) tuberculosis of children, the essential step is to destroy the source of infection by getting rid of tuberculous cows, and so securing a clean milk supply free from tubercle bacilli.

I would impress on this Council the great importance of this and as a public body, urge them to support every well considered scheme that the L.G.B. or Parliament itself may propose, to attain this end.

We, as their officials, always with the fullest support of the Council, have done our utmost with increased energy, to supply a clean milk supply by using the powers we have, to insist on better constructed dairies and cowsheds, and by careful supervision, but our powers do not extend to the testing of cows for tuberculosis, or testing the milk for tubercle organisms.

This we must leave to the County Council, which again is hampered by restrictions.

Only a national movement with very extensive powers will suffice for this.

The provision of Sanatoria for the isolation and treatment of patients suffering from pulmonary tuberculosis is an experiment which is being conducted on a large scale and in a short time the County of Durham will be well provided.

So far, experience proves that patients are nearly all greatly improved while in these institutions if admitted at an early stage of the disease, but I am afraid we must add that few are cured, and most show a decided tendency to relapse, and go down rapidly after their return to their old conditions of life, especially if these are, as so oftens happens, not generally satisfactory.

There is hope that as accommodation in Sanatoria increases, and as we become able to make our diagnosis at the earliest stage and can get the patients admitted earlier and retained longer, better results may follow.

This is at present the aim,— early notification, visits by the Sanitary Inspector and M.O.H., visits by health visitors to instruct in ordinary hygiene, to discover possible early cases, and get them under medical treatment.

The assistance of the Tuberculosis Dispensary and its medical officer to assist the general practitioner both in early diagnosis and treatment.

These are all now in active operation in this district. There is in the future much hope of successful treatment by tuberculin emanating from the tuberculosis dispensary, but this is still experimental and necessitates great care.

The tuberculosis dispensary is as yet not very satisfactory.

I hope before long to see it housed in a Cottage Hospital with a good nursing staff, as it ought to be, when I am confident that the greatest result will be got in the treatment of non-pulmonary and surgical tuberculosis and a much better prospect of getting good results from tuberculin treatment.

After all, whatever ultimate benefit may be got by all these factors employed in the crusade against tuberculosis, the most important of all the methods of attack will remain viz:- better housing accomodation and general improvement of all the sanitary conditions which better housing implies.

It is this which must raise the power of resistance to tubercular infection, which is naturally great, to its highest limit.

ACUTE RESPIRATORY DISEASES:— There were 52 deaths from these diseases, being 15 more than last year. This is equal to a death rate of 2·61, which is 0·68 higher than last year. It is 0·08 higher than the County, and 0·06 higher than the County mean.

The following Table shows ages and districts:—

DEATHS FROM ACUTE RESPIRATORY DISEASES.

	Under 1 year.	1 to 2 years	2 to 5 years.	5 to 15 years	15 to 25 years.	25 to 45 years.	45 to 65 years.	Above 65 years.	Whickham.	Swalwell.	Marley Hil.	Dunston.	Total
Bronchitis,	8						3	12	2	6	2	13	23
Pneumonia. (all forms)	8	7	2	2		2		2	2	6	2	13	23
Others		2		1		1	1	1	2	1	2	1	6
Total—	16	9	2	3		3	4	15	6	13	6	27	52

This Table again shows how fatal these diseases are at the extremes of life, in contradistinction to Phthisis Pulmonalis.

There were 4 deaths from PUERPERAL FEVER, and 3 from other accidents and diseases of pregnancy and parturition.

There were no deaths directly attributable to alcohol, but there were 3 attributed to Cirrhosis of the Liver.

There were 15 deaths due to Cancer, of which 3 were at Whickham, 3 at Swalwell, 1 at Marley Hill, and 8 at Dunston.

There were 16 deaths due to Heart Disease, mostly in advanced life. Of these 2 were at Whickham, 2 at Swalwell, 2 at Marley Hill, and 10 at Dunston.

There were 8 violent deaths of which 2 were suicides.

The following Table shows the most important statistics for the whole district, and its component parts. Residents and non-residents are included.

	Whickham	Swalwell	Marley Hill	Dunston	Whole District
Birth Rate	28.74	37.30	17.46	27.14	28.45
Death Rate	13.12	15.78	8.06	13.76	13.44
Infantile Mortality	130	179	76	151	150
Zymotic	0.93	0.95	nil.	1.85	1.3
Phthisis	1.24	0.71	nil.	1.26	1.0
All Tubercular	1.56	1.43	0.44	1.56	1.41
Respiratory	1.87	3.10	2.68	2.63	2.61
Cancer	0.93	0.71	0.44	0.78	0.75
Heart disease	0.62	0.47	0.89	0.97	0.80

This Table shows that Whickham has again attained a fairly high birth rate, as it did last year, after being very low for some years, but that Marley Hill has not maintained the good position it attained last year, but has again fallen back to a very low birth rate, while Swalwell easily occupies first position.

This fact should be remembered when judging death rates, as other things being equal, one naturally expects a high death rate where the birth rate is habitually high, the most fatal age period being during the very early years of life.

The death rates generally are fairly satisfactory though all show a rise except Marley Hill which is extremely low as it generally is, and on this occasion it also shows an extremely low infant mortality rate. It is rather disappointing to notice a rise in the Phthisis death rate in all the wards except Marley Hill during the first year of special sanatorium treatment, and the establishment of a tuberculosis dispensary. On the other hand the whole district does show a decline when all tuberculous diseases are taken into account.

Notifications.

There were 192 notifications of infectious disease during the year, being 31 more than last year.

For purposes of comparison, it is well to keep the ordinary notifiable diseases—the infective fevers—apart from notifications of tuberculous disease and deal with them separately.

Of the former there were 138 as against 117 last year and 150 the year before. Of these 111 were of Scarlet Fever, an increase of 50, 21 of Diphtheria, a decrease of 17, 2 of Enteric Fever, a decrease of 9, and 4 of Erysipelas, a decrease of 1. The whole of the increase for the year is thus shown to be due to Scarlet Fever and practically the whole of this was due to a long continued epidemic prevailing at Swalwell and still continuing, and this, in spite of the fact that almost every case is sent to hospital as soon after notification as possible, certainly every case that cannot equally be well be isolated at home.

Taking the Wards separately 26 were from Whickham, 89 from Swalwell, 8 from Marley Hill, and 69 from Dunston. The smallest number was thus, as last year, from Marley Hill, not only actually but proportionately to population, while the largest number in the same way was from Swalwell.

There were no notifications of Cerebro-spinal-meningitis or Poliomyelitis.

The notifications of Pulmonary tuberculosis numbered 28, and of other forms of tuberculosis 26. The former would, on the ordinary method of calculation, suggest that there had been many omissions as the number of registered deaths from this cause is out of proportion to the notifications, otherwise we should have, by another year, a considerable decrease in deaths.

Notifications of non-pulmonary tuberculosis is new, and it will be of great benefit if it is made use of to give institutional treatment in many of these cases. This is a condition in which very great good could be done. With the exception of tubercular meningitis, and some very acute cases of tubercular peritonitis, the great majority of cases of non-pulmonary tuberculosis can recover under appropriate treatment, which in many cases must be institutional on similar lines to Sanatorium treatment for pulmonary cases. A certain amount of operative treatment is necessary in many of these cases, but if the condition is diagnosed early and appropriate institutional treatment given, operations can be reduced to comparative insignificance and recovery may be anticipated with a minimum of operative interference and resulting deformity. This is, in my opinion, one of the most hopeful outlooks in medicine and surgery.

Again the careful use of tuberculin under expert supervision is even more promising in these cases than in those of pulmonary tuberculosis. If we can get our Cottage Hospital established in a good situation and of the best construction so that the County Council would recognise it as suitable for these cases as their best sanatoria are for pulmonary cases, then I am sure we would get results even superior to that which is got in Sanatorium treatment. Apart from every other benefit which the Cottage Hospital would secure, for this alone every penny of the cost would be more than repaid.

Its value again would be enormously enhanced if we had, as we expect to have, the tuberculosis dispensary housed in it, so that the

patients would not only have the attendance and treatment of their own doctors, but would have the consultative advice of expert tuberculosis medical officers and everything which they in consultation should consider necessary in treatment provided by the County Council.

In the meantime I venture to suggest, and I most earnestly commend the suggestion to the County M.O.H., that the Tuberculosis Medical Officer would give an occasional afternoon demonstration at the tuberculosis dispensary to all the medical practitioners of the neighbourhood who would be invited to attend.

Such lectures illustrated by practical demonstrations would not only be highly appreciated by us all, but would tend more than anything to bind us all together as a united body in the crusade against tuberculosis. If Dr. Hill would occasionally countenance these demonstrations by his presence and give us the advantage of his splendid organising ability they would be all the more appreciated. At present there is unquestionably a lack of unity. All of us engaged in this crusade, the County M.O.H., the Tuberculosis Medical Officer, the District M.O.H., the general practitioners and the lady health visitors are all doing their parts of the work, but somehow the different parts of the work lack cohesion and until this cohesion is effected, the best results will not be attained.

Our Isolation Hospital for the ordinary infectious diseases is only available for Typhoid fever, Scarlet fever and Diphtheria.

Of the 138 of these notified 106 were sent to Hospital, which is a very large proportion, and the others, except a few who were too ill to be removed, were quite efficiently isolated at home. We have now practically no difficulty in getting consent for hospital whenever we consider it absolutely necessary.

Of all these notifications there were only 5 deaths viz:-

1 of enteric, 1 of Scarlet fever, and 3 of Diphtheria, which is a very small proportion. Only one of these died at home—a case of laryngeal diphtheria which was, not only when notified, but when first seen by a doctor too ill, and it died before any arrangements could be made.

We will now consider the Infectious diseases separately.

SMALLPOX was again entirely absent, as it will be until imported. Few cases have occurred anywhere in the country.

In the meantime exemptions from vaccination are increasing, not only in this district, but everywhere throughout the country, so that a population unprotected by vaccination is steadily growing. I believe every Medical Officer of Health dreads the prospect of the introduction of this disease, because every one of them knows that if it once gets a hold of any unprotected community it will spread like wildfire, and that nothing but a hurried recourse to vaccination will save the country from the worst of all the scourges as has recently been exemplified in Australia.

Smallpox is like none of the other infective diseases, except Measles. It is as infectious as Measles, and far more so than Scarlet fever or Diphtheria.

It is not a water borne disease like Cholera and Typhoid fever, nor a disease spread by an intermediary like Plague and Typhus, but like Measles and Scarlet fever it is spread airily by even approximate contact. Ordinary sanitary precautions are as powerless against it as against Measles.

Again like Measles, every one is susceptible. Many are capable of resisting Scarlet fever and Diphtheria, practically none can resist Measles and Smallpox if exposed to infection. These attack the healthy as readily as the most delicate, and invade the palace as readily as the slum.

We had a demonstration last year (1912) of our powerlessness against Measles, when it gains admission to a community where there are large numbers unprotected by a previous attack. It would be the same with Smallpox, in an unprotected community.

True we have not the power of hospital isolation in the case of Measles. To attempt it would entail enormous expense and still it would be ineffectual because the patients are infectious in the highest degree before the illness can be diagnosed.

The year under consideration however has demonstrated how comparatively helpless we are in the case of the much less infectious disease Scarlet fever when it gets a firm hold of a community unprotected by a previous attack (for Swalwell has been remarkably free from Scarlet fever for many years,) in spite of the utmost resort to hospital isolation.

I do not mean to imply that ever again we will be as helpless in the face of a Smallpox invasion because we have always the resource of the complete protection given by efficient vaccination.

After the early victims have gone and paid the penalty of ignorance and in the face of the horrors of this terrible scourge, there will be no great need for the public enforcement of vaccination, the difficulty will be to cope effectually with the demand for it by practically the whole community, anti-vaccination and anti-vaccinators will be forgotten in the rush.

It will never be possible to cope with a real invasion of Smallpox by hospital isolation or any other means but one, but it will always be possible to bring the epidemic to a close by a thorough vaccination of the whole community even without hospital isolation.

Prevention is better than cure, why then in these days when more attention is given than ever before to the prevention of disease should this simple and perfectly innocuous preventive of the most loathsome and fatal of infectious diseases be so deliberately abandoned ?

It is due to lack of imagination, people do not dread what they cannot see, and thanks to vaccination, but few have seen real Smallpox, and because it has been but little prevalent, again owing to vaccination, they expect it has taken a final departure. There will be a dread awakening some day.

I write thus, as in former reports, to clear myself of all responsibility for the horrors of the next great Smallpox invasion, which, I am convinced will occur, though I hope most sincerely, that this district will not be one of those which will have to teach the lesson of its neglect to the nation.

SCARLET FEVER:— There were 111 cases notified: being 50 more than last year. This excess is almost wholly due to the epidemic prevalence at Swalwell, which had been comparatively free from this disease for many years, but in which it has now been prevalent for months.

Prior to its prevalence at Swalwell, it had been for some time very prevalent at the neighbouring town of Blaydon, and there is a fairly close connection between these places, especially since the establishment of large and popular Picture Halls at the latter town, the Swalwell children largely patronising them.

Early in the epidemic we discovered a child in the peeling stage from whom, on investigation, we got a clear history of Scarlet fever undiagnosed and never having been seen by a doctor. Unquestionably most of the cases have been promptly diagnosed and equally promptly sent to hospital, but there have been also many doubtful cases many of which I have seen and in some quite probably genuine cases, one could not take the responsibility of sending to hospital. If that be so, it is practically certain that many have escaped notice altogether, and it is no doubt from these that the epidemic lingers on, for of course we do our best to isolate all doubtful cases at home, as if they were certain. The type has, on the whole, been very mild, though some were severe enough, and one died in hospital from a sequela. Still this is a very low mortality.

Hospital isolation has certainly not had the effect in Scarlet fever in preventing epidemic prevalence as was anticipated on theoretic grounds, when such isolation hospitals were first advocated.

On the other hand, there can be no question as to the beneficial effect on the patient. The difference between spending most of their time in the healthy grounds of the hospital with companionship and being cooped up in isolation at home, often in very unsatisfactory rooms, is shown clearly in the excellent and improved condition in which, as a general rule, the patients are sent home.

DIPHTHERIA, INCLUDING MEMBRANOUS CROUP:— There were 21 cases notified, being 17 fewer than last year. Of these 11 were at Whickham; 1 at Swalwell; 2 at Marley Hill; and 7 at Dunston. Proportional to population Whickham, as usual, has most. For the other wards the numbers are very small. Fifteen were sent to hospital and one was too ill to be sent—a laryngeal case which died within a few hours after being first seen. The other two deaths occurred in hospital, both apparently from pure toxæmia, and one of them had been ill for many days before being sent, and had not had antitoxin.

We make a practice of thoroughly testing the drains in all houses from which this disease is notified, and in the majority of cases, serious defects have been found, so that one cannot accept too readily the most modern idea, that there is no connection between defective drainage and diphtheria. No doubt one often meets with diphtheria in houses where there are no drain defects, cases due to direct infection got elsewhere—at school for instance—and one meets with serious drain defects, where there is not diphtheria. To get statistical proof of the connection, one would have to ascertain the proportion of serious drain defects in the population generally, and the proportion in cases where diphtheria has occurred, and be able to show an excess in the latter, but without that one so often finds not only diphtheria, but a specially malignant type where gross drainage defects exist, that it seems to

me, that we are on safe ground in believing that there is a connection and making special efforts not only to investigate the drainage system, but to see that it is corrected.

TYPHOID FEVER:—There were only two cases notified as against 11 last year. One was at Whickham [and one at Dunston and they had no connection with one another,

Considering the position of Dunston, now a considerable shipping centre and in close proximity to two large towns, we must expect to have this disease imported occasionally. The great fact is that from neither of these sporadic cases did any others occur. One proved fatal,

ERYSIPELAS:—There were 4 cases notified as against 5 last year. These were, I have good reason to know, genuine cases of true Erysipelas, for I am pleased to be able to record the fact that [there is now very little tendency to notify ordinary cases of sepsis with surrounding inflammation as cases of Erysipelas. There were no deaths.

Non-Notifiable Infectious Diseases

MEASLES:—This disease was not prevalent during the year, though the severe epidemic of the previous year continued in a declining way into the present and caused 3 deaths, 1 under 1 year and 2 between 1 and 2 years.

WHOOPING COUGH:—This disease was less prevalent than for many years, every now and again a few cases occurred but it never assumed epidemic prevalence. Only one death occurred.

DIARRHŒA:—The year under consideration was not a very typical diarrhœa year though it approached towards this designation. The summer and autumn were warm and dry but it was never excessively hot. Diarrhœa prevailed to a considerable extent in certain areas but it was never seriously epidemic. But few cases and no deaths occurred in either Whickham or Marley Hill, it was more prevalent at Swalwell where 3 deaths occurred and still

more so at Dunston where it caused 14 deaths. As usual, its incidence was confined to the most crowded and least sanitary areas and the deaths were amongst weakly hand fed children.

Altogether there were 19 deaths of which 17 were under two years. It is only those under two years which are usually considered in estimating the diarrhoea death rate or the death rate of epidemic diarrhoea. This rate then is 0·85 which is 0·59 higher than last year, exactly the same as the County and 0·07 lower than the County mean.

This is undoubtedly too high for such a year, and is an indication that the sanitary condition of the district is not as good as it ought to be, and also that breast feeding of babies is not as general as it ought to be, although there is no doubt we have enormously improved in both these directions, and I hope will continue to improve. We will, however not succeed in eliminating epidemic diarrhoea during very hot and dry seasons or even in average season so long as the conservancy method of sewage disposal is continued or until we have water closets substituted throughout, or at least in the more crowded areas, for the prevailing ash closets.

On the whole the latter are managed well, and in such a district as Marley Hill for instance where practically no other system exists, we had scarcely a trace of epidemic and no deaths. Until quite recently no other method could be adopted there, for there was no complete system of sewerage in existence and now that a complete and efficient system does exist, I do not think it necessary there, to insist on a universal conversion for various reasons such as sparseness of population, excess of ash to faecal matter and the general care and cleanliness of the inhabitants, but I hope the Council's rule will still be followed that all new buildings must be provided with waterclosets.

In all the other districts where the population on area is greater the sooner we get to a universal conversion the better.

General Sanitation.

In dealing with this subject I wish to allow Mr. Hopper, our active and energetic Sanitary Inspector, to speak for himself, as he has of necessity the carrying out of work in detail, and has kindly written out for me, a general account of the work done during the year,

We work together in unison and have every day a more or less prolonged conference in which we consider both what has been done and is to be done, and determine a definite policy, so that we are never at variance in action. I am, consequently, always in the position of being able to support him in every action he takes in dealing with owners of property, etc., however drastic they may at times be. He also knows that he can rely on my support, and both of us feel constantly that we also can rely on the support of the Council, before whom we are at all times ready to defend our action when we act on our own initiative, while we also feel that in those cases where we require the advice and support of the Council, before taking action, we are always confident that our recommendations will receive the most sympathetic consideration, as they invariably do.

Before giving Mr. Hopper's report, I will make a few general observations in accordance with the requirements of the Local Government Board for their information.

SCAVENGING:— This is undertaken entirely by the Council throughout all the villages, and it is done efficiently.

In the isolated farm houses and their dependent cottages, where the work is done by the farmers themselves, it is supervised so that the existence of nuisances is prevented.

The weekly cleansing of ash-closets, etc., shortened slightly by the summer months, is quite satisfactory.

The fact that the work is done as well as possible, and yet we get serious epidemic diarrhœa, is perhaps the best argument that can be adduced for water closets, as against the prevailing ash-closets, for it has been proved that wherever these substitutions have been effected, such epidemics, including Typhoid fever, have disappeared or greatly declined.

In dealing with all kinds of nuisances and defects, we endeavour to persuade, rather than compel, with most satisfactory results.

REPORT OF THE SANITARY INSPECTOR.

Health Department,
Council Offices,
February, 1914.

GENERAL SANITATION—

We were compelled on one occasion only, to ask the Council for a summons against a Dunston property owner to remove the obstruction from a drain. Immediately the Summons was ordered, the work was done, so the information at the Police Court was not laid.

DRAINAGE—

The supervision and testing of drain work is undoubtedly an important duty; and we are pleased to say, the results we have obtained in the quality of the work done, during the year, has been very gratifying,

We encourage builders to inform us when they open out private house drains for repair or reconstruction, so that we may advise them as to what should be done. By this method, we hope to put a stop to the practice of people (often quite inexperienced) breaking into the drains of houses to remove chokages etc., and

leaving them patched up anyhow, often very insecurely against the escape of foul smells, together with yard pavements being left in a broken condition. We have come across several cases of this kind, particularly at Dunston, when on applying the smoke test, the drain has been found defective and a notice requiring it to be relaid has had to be served on the owner. The drains laid under our supervision, are tested with water, a ball is then run down them to make sure no cement has been forced through the socket, during the jointing process, and we insist on them being concreted before being allowed to be filled in. By following on these lines we hope to keep the quality of drain work in the district well up to the standard.

At this stage I may mention, that as stated in our last annual report, we test the drains of all houses after cases of Diphtheria, etc., and complaints. This action has been well merited, as in the majority of our Diphtheria cases, on the drains being tested, they have been found to be defective.

The following table shows what has been done under this heading during the past year:-

Length, in yards, of old drain removed	...	...	260
Length, in yards, of new drain constructed	...	...	952
Houses provided with drains	...	...	11
Number of house drains tested with smoke	...	...	36
Number of house drains found defective	...	...	26
Number of water tests applied to new drains	...	...	117
New anti-bell traps fixed	...	...	82
Privies removed	...	...	3
Ashpits removed	...	...	6
Ash closets removed	...	...	9
Ash closets provided	...	...	2
Water closets provided	...	...	13

SLAUGHTER HOUSES:— There are 10 slaughter houses in the district, and all are licensed. They are regularly inspected.

One new license was granted during the year to a newly built slaughter house at Whickham. These new premises took the place of a previously occupied one, which was unsuitable—the latter one is now unoccupied, and the temporary license, which was granted to it, has expired.

The slaughter houses are regularly inspected, as also are the Foreign Meat Shops in the district.

COWBYERS AND DAIRIES:—During the year the sanitary conditions at three dairy farms have been very much improved, and the work done according to our instructions.

We have ordered improvements on rather a large, but necessary scale, at other four dairy farms, and have been promised by the owners that our requirements shall be complied with. We expect the work being commenced at an early date.

32 visits have been made under this heading during the year, in addition to those stated in the official summary.

MILKSHOPS:—These are periodically inspected to ascertain that the receptacles, in which new milk is kept for sale, are sanitary, and are kept in suitable places, away from pickles, fish, etc.

As the majority of our milkshops are small general shops, the need of regular supervision is apparent.

FISH FRIERS PREMISES:—These premises are periodically visited.

During the year two at Dunston have been structurally altered according to our instructions, and one at Swalwell—in Spencer's Bank—has been permanently closed at our request.

OFFENSIVE TRADES:—Early in the year, the Council obtained the sanction of the Local Government Board to declare that the trade or business of a "Dealer in Rags and Bones" shall be an offensive trade in this district within the meaning of Section 112 of

the Public Health Act, 1875, as amended by Section 51 (1) of the Public Health Acts Amendment Act 1907.

This power has been a great help to us as the Marine Store, at Dunston—which is a fairly large one, and is the depot in this line of business from the surrounding districts, requires and receives regular supervision,

The other offensive trade—the Soap Works at Dunston—is maintained in a clean and sanitary condition.

During the year we received two applications for permission to commence the trade of a “Tripe Boiler”. Both referred to Dunston

The premises were inspected in the ordinary way, and the reports prepared for the Sanitary Committee.

In the meantime, the applicants came to the office, to interview us, and on being informed we could not support their applications at Committee, as in our opinion, both the suggested premises were quite unsuitable, they withdrew their applications.

BAKEHOUSES:—In December, at the request of the Sanitary Committee, we presented a detailed report on the condition of the bakehouses in the district.

There are 7 in Dunston, 1 in Swalwell, and 1 in Whickham; with the exception of 2 of them, and with which we are now dealing, we were in the position to state the remainder as being in a fairly satisfactory condition.

FACTORIES AND WORKSHOPS:—The sanitary conveniences at a large factory at Dunston, have been re-constructed, at our request, also we have had additional conveniences provided at the same works.

One complaint was, during the year, received from the Factory Inspector—it referred to the Coke Works at Marley Hill.

A representative of the firm was interviewed, with the result that 3 new water-closets have been provided, and we anticipate additional ones being provided in the near future.

Two forms of "Notice of Occupation" were received from the Factory Inspector, one referred to a Dressmaker's workroom, at Whickham, and the other to a Tailor's workroom at Dunston.

The former was in good condition, and the latter has been dealt with.

Our workshops and workplaces are visited periodically.

FOOD AND DRUGS:—As far as possible, we keep a watch on fish hawked in the streets, also that exposed for sale in the fish shops of the district with satisfactory results.

The milk produced in the district is on the whole, good and wholesome, and the meat has been found to be of good quality.

The latter remarks also apply to the Foreign meat shops

COMMON LODGING HOUSES:—There are none in the district.

HOUSING AND TOWN PLANNING ETC. ACT, 1909:—The following properties have been dealt with during the year, under this Act:—

A—Duckpool Lane, Whickham	—	4 houses.
A—Old Sunnyside	—	5 houses.
A—Old School House, Swalwell	Tenemented house let to four separate families.	
A—Dunston Road, Dunston	—	2 houses in flats.
A & C—School Houses, Whickham	—	2 „
B—Brewery Bank Swalwell	—	3 „
B & C—Donnison Street, Dunston	—	7 „ in flats.
B—Renforth Street, Dunston	—	8 „ in flats.
B—Drury Buildings, Dunston	—	1 „
B—Boat House Field, Swalwell	—	2 „

B—Market Lane, Swalwell	—	4	..
C—Royal Oak Buildings, Whickham		Tenemented house let to five separate families, together with the three adjoining houses	
D—Old Mill Farm, Swalwell	—	1	..
D & C—Houses on Gibside Estate	—	10	..
D—Foundry Lane, Swalwell	—	Tenemented house let to four separate tenants.	

A indicates work done.

B „ in progress, or in the Builders' hands.

C „ see following comments on this property.

D „ still dealing with owners.

COMMENTS ON THE FORGOING LIST:—On our report, the Council made “Closing Orders” against the Old School House, Swalwell, “A”; it was then a dilapidated tenemented house, let to 4 separate families. Notices to cease to occupy the holdings were also served upon the tenants, and were complied with.

On the building being untenanted, the owner repaired it generally both inside and out, and converted it into a house in flats, one tenant being downstairs and another occupying the upper portion.

Again, on our satisfactory report on the property being presented to the Sanitary Committee, the Council determined the Closing Orders,

We also had to take drastic action against a House Agent in Dunston in order to assert the Committee's Authority, and to prevent practically new property in flats in Donnison Street, from becoming slums owing to the houses being in a bad state of repair, the condition of which the Agent was fully aware also of his neglect in carrying out our requirements.

We were dealing with a total of 15 houses in flats in this street, all of which this Agent was responsible for. However, we

decided to deal with seven of them first, to let him see we meant business, On our report being presented, the Council ordered 'Closing Orders' to be served,

The owner of the properties then came on the scene and commenced with the repairs immediately: With the exception of the re-construction of some of the yard pavements with cement concrete and a few minor defects being remedied (all of which would have been done but for the recent bad weather) the work would all have been completed,

c—ROYAL OAK BUILDING, WHICKHAM—This tenemented house was in a dilapidated condition, but it was unnecessary to ask for the Council's assistance in the case. In our usual way, we sent a copy of our detailed report of the inspection to the owner who immediately promised to carry out our requirements.

We pointed out that the tenemented house was not worth spending the money which would be required to make it comply, but that the adjoining cottages could be made so without a very great outlay.

The tenemented house has now been sold to the Whickham Institute' and we are informed a new Institute is to be built on this site. At present, there is one tenant in the building, the other houses being unoccupied. The three adjoining houses are to be made to comply.

d--HOUSES ON GIBSIDE ESTATE—On receiving our detailed report of the inspection of these houses. by arrangement, we went over them with the Estate Agent. It was agreed that two of the houses should be permanently closed as unfit for human habitation, and that the remaining eight houses should be made to comply.

The two houses cannot according to the terms of the tenancies, be closed until the May term. We shall press for the work to the remaining eight cottages being carried out early in the spring.

WANTS OF THE DISTRICT:—The gradual conversion of sanitary conveniences into water-closets, which, we are now pleased to say, is the only recognised convenience.

We feel sure we have the support of the Council on this matter, it is now a recognised fact that no plans for new property are passed unless the sanitary convenience is shown as a water-closet.

Some very interesting comments on this subject are made by District Medical Officers of Health, in the Annual Report of Dr. Hill, the County Medical Officer of Health, for 1912, which is just to hand:—

Dr. J. W. Smith, M.O.H. for Ryton, says

“Until the water carriage system has become universal throughout the district, ideal sanitary conditions will not have been attained”.

The M.O.H. of Bishop Auckland, Dr. McCullagh, very concisely says:—

“The ash-closets are an improvement on the old privy ashpit, but at the best, they are bad”.

We strongly re-echo these statements.

HOUSING AND TOWN PLANNING ACT, 1909:— We hope to make the same headway against insanitary property as we have done during the past two years.

Our endeavours in this work also are, and will, we feel sure, be well supported by the Council.

We may here submit that the Sanitary Administration of our district is carried out on the same lines as that of any Borough or

Corporation and will bear favourable comparison with them considering all the clerical work, daily office routine etc., which constitutes the inner workings of any well organized Health Department, and we congratulate the Council on the same.

GEORGE E. HOPPER,
Sanitary Inspector.

Continuation of—

MEDICAL OFFICER'S REPORT

PUBLIC ELEMENTARY SCHOOLS:—These are precisely as in previous reports and are all generally satisfactory from a sanitary point of view.

HOSPITAL ACCOMODATION is precisely as in former reports and has proved sufficient for the district, though towards the end of the year accomodation must have been strained owing to the prevalence of Scarlet fever not only in our areas but in the other areas concerned with the conjoint hospital, but we have always been able to get our cases admitted.

WATER SUPPLY—This is ample in quantity and excellent in quality. The district is supplied by the Newcastle & Gateshead Water Co., with the exception of Marley Hill, which is served by the Weardale & Consett Water Co.

We may now briefly review the district to show what, in each ward has been done and what still remains to be done.

WHICKHAM:—Here there is again little to record as the general sanitary condition is satisfactory, and can be kept so by the ordinary supervision. As stated in the report of the Sanitary Inspector, one tenement has been condemned and is to be re-built as a Village Institute. Two dilapidated and overcrowded houses in Back Row are being dealt with.

It has been decided to properly make up Cornmoor road, which will effect a great improvement, objections lodged by certain frontagers have not been sustained by the Court.

There are, however, several cases where the contents of ash-closets have to be wheeled on to the road, before being taken away by the carts. These are cases where water-closets should be substituted without delay, and covered portable ashbins provided.

SWALWELL:—A fair amount of old property has been dealt with here, with more or less satisfactory results, but much still requires to be done to make the village satisfactory. The practical reconstruction of the Old School House has effected a great improvement in one of the worst parts, and the substitution of water closets for very dilapidated ash-closets has been arranged for in this same part, including Quality row. But the whole of this western part of the village is in need of improvement in this direction, and also in the re-construction of the yards and streets, as I have so often reported before.

I indicated in last report satisfaction that the houses in Poor-house Yard were having their floors reconstructed and that the pantries etc., were being repaired and having cement roofs substituted for dilapidated tiles.

For some reason this excellent work was stopped before it was half accomplished. It is more than time that pressure should be exerted to enforce completion and also to get the whole yards and adjoining roads properly made up. I have urged this for years, and it has been definitely promised to be done but the grievances still remain.

Improvements have certainly been effected, but progress is too slow for what is needed. This Ward requires very constant supervision more in small, but none the less important, than great matters.

The most important point is that the various owners of property there, especially of the old property, have been thoroughly roused to a greater sense of their responsibilities and to a conviction that they must effect improvements in accordance with our requirements as enforced under the Housing and Town Planning Act.

MARLEY HILL:—Here the essential record is the steady accomplishment of the great improvement scheme described in former reports. The sewerage System is completed. The other improvements, construction of Streets and formation of large well paved yards and conveniences have been completed at Byermoor and High row, and the Hill itself is to be dealt with shortly. The time that is being taken over the work is but an indication of its magnitude for there has been no cessation. Twelve new houses are approaching completion which should cause the conversion of 24 back to back to 12 through houses. very few of these conversions have been effected during the year.

The Sanitary Inspector's Report gives the improvements effected at Gibside which is included in this Ward.

The requirements are the completion of the scheme and the gradual conversion as promised of the back to back to through houses. This Ward gives us very little trouble, and attention may be directed to the constant very low mortality rates.

DUNSTON:—This Ward continues to increase at a greater rate than any of the others and there are now no empty houses. A few years ago building was in excess of demand, now demand is in excess of supply though building is continuous. Its population is at least equal to all the other wards put together and it requires and gets more than its share of Sanitary supervision.

As the great majority of the houses are comparatively modern this should not be the case, but there has been much carelessness and indifference shown by some of the owners or their agents, with

the result that there has been the risk of whole streets of comparatively new property degenerating into slums and most drastic proceedings have had to be taken and will continue to be taken to prevent such lamentable results. It is here where some of Mr. Hopper's lessons have had to be taught and enforced; especially the lesson that scamping will not be tolerated.

There are no general outstanding special requirements for this ward except the general one of enforcing water closets for all new property and effecting conversions to this system wherever there is an excuse or chance, but it requires constant supervision.

Here would seem to be the proper place to indicate clearly that practically all action is taken under the Housing and Town Planning Act. We have been convinced that this is the correct policy, and have acted on it in spite of constant protests by owners, and we are delighted to find, especially so that we can quote it, that the L.G.B. has now issued a notice to that effect.

It does not seem fair to merely inform a man that his house is defective and require him to put it right, and to be continually badgering him. It is far better to make a complete inspection, and to state clearly ALL the defects, and let him know that ALL must be remedied. Then to meet him, or his agent, and go over the whole ground, advising him completely as to what he must do, and then to see that our requirements are carried out thoroughly without any scamping. No doubt this means a great amount of labour, and it means a large amount of time spent over a single property, but there is a great prospect that this is going to be compensated, for it is certain that it is having the effect of rousing others, both owners and builders, to increased energy and to do better work.

It has its humorous side, for we are finding more and more that those who have not yet been attacked, alarmed at those who have, are rushing to improve and repair their property so as to be beyond the reach of attack, and in this way, a general improvement is effected, far beyond the properties that are actually dealt with. The

pleasant side is that in many cases, after the work has been completed, the owners have been profuse in their thanks for the help rendered, especially in some cases where we have been absolutely compelled to appeal directly to the owners, from the attitude of indifference of their agents, and in not a few, where the opposition at first had been most bitter.

That great improvements have been effected throughout the whole district is certain, and that the standard of sanitation is being steadily raised, is no less certain, though it is still far short of what might be, and must be. I have no hesitation in saying so, because I do not personally claim credit for it, because the man who is doing this work is our Sanitary Inspector, who has, I believe, the whole-hearted support of the Council. I am only glad to say that we act in perfect unison, and as we discuss all matters fully, each is always prepared to defend the action of the other.

Appended are, 1st—A Summary of the Work done by the Sanitary Inspector, 2nd—Administration of the Factory & Workshops Act, and 3rd—The Statistical Tables as required by the Local Government Board.

I am,
 MR. CHAIRMAN AND GENTLEMEN,
 Your obedient servant,
 ANDREW SMITH,
 MEDICAL OFFICER OF HEALTH.

TABLES.

County of Durham.

SUMMARY of Work done in the Inspector of Nuisances' Department during the year 1913 in the URBAN DISTRICT of WHICKHAM.

1. PUBLIC HEALTH ACTS.				Number of Informal written notices by Inspector	Number of Formal Notices by order of Authority	Number of Nuisances abated after Notice	General Remarks
Dwelling-houses and Schools.	Foul Conditions Structural Defects Overcrowding ...	...	...	18 46 2	18 44 2	2	outstanding.
Lodging-houses	...	...	...	
Dairies and Milkshops	...	...	...	
Cowsheds	...	...	...	
Bakehouses	...	...	...	
Slaughter-houses	...	...	...	
Ashpits and Privies	...	...	...	4	4		
Deposits of Refuse and Manure	...	...	...	1	1		
Waterclosets...	...	...	...	
Defective Yard Paving	...	...	...	18	16	2	do.
House	Defective Traps	...	...	15	15		
Drainage	No Disconnection from sewers	...	...		
	Other Faults	...	...	74	71	3	do.
Water Supply	...	...	...	3	3		
Pigsties	...	...	...	6	5	1	do.
Animals Improperly Kept	...	...	...	
Offensive Trades	...	...	...	nil	nil		
Smoke Nuisances	...	...	...	nil	nil		
Other Nuisances	...	...	...	20	19	1	do,
Meat Shops	...	...	...	
Marine Store	...	...	...	
Defective Ash-closets	...	...	...	58	58		
Poultry improperly kept	...	...	...	2	2		
Visits to ascertain if notices served have been complied with. etc., in addition to other work reported	729						In addition the 28 cowkeepers have been twice notified re half. yearly limewashing, also 9 SlaughterHouse occupiers.
Supervision of drains works in progress	...	270					
Total	999						
TOTALS	...	...			267	258	

Inspector's Report continued:-

	Number	Remarks.
II. WATER, FOOD AND DRUGS		
Samples of Water taken for analysis		
" " condemned as ...		
unfit for use ...		
Seizures of Unwholesome Food ...		
Convictions for exposing or selling		
Unwholesome Food ...		
Samples of Food and Drugs taken ...		
for Analysis ...		
" " found Adulterated ...		
III. PRECAUTIONS AGAINST INFECTIOUS DISEASE		
Lots of Infectious Bedding stoved		
or destroyed	147	
Houses disinfected after Infectious		
Disease	147	
Schools do. do.		
Prosecutions for exposure of infected		
persons or things		
Convictions for do. do do.		
IV. GENERAL.		
Number of New Houses erected		
during the year ...	38	
Number of such Houses occupied		
during the year	27	
Ashpit-privies converted into Ash-		
closets ...	2	
do. do. Water-closets	1	
Ash-closets do. do.	9	
Total number of Water-closets in ...		
District ...	200	
do. Ash-closets do	3004	
do. Ashpit-privies do	4	

GEORGE ERNEST HOPPER,

Jan. 23rd 1914.

Inspector of Nuisances.

Annual Report of the Medical Officer of Health

For the year 9 2, for the URBAN DISTRICT of WHICKHAM, on the administration of the Factory and Workshop Act, 90 , in connection with

FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK.

—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTOR OR INSPECTORS OF NUISANCES.

Premises.	Number of		
	Inspections.	Written Notice,	Prosecutions.
Factories (including Factory Laundries).	2	2	None.
Workshops (including Workshop Laundries).	8	2	None.
Workplaces (Other than Outworkers' premises included in Part 3 of this report.	20	3	None.
Total	30	7	

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Pro- secutions.	
	Found,	Remedied	Referred to H M. Inspector,		
<i>Nuisances under the Public Health Acts:.</i>					
Want of cleanliness	4	4			
Want of Ventilation	—		—	—	
Overcrowding	—		—	—	
Want of drainage of floors	—		—	—	
Other nuisances	1	1	—	—	
Sanitary accomodation	}	insufficient	—	—	
Act has been adopted					unsuitable or defective
No standard fixed						not separate for sexes
	2	2			
	—		—	—	
<i>Offences under the Factory & Workshop Act:</i>					
Illegal occupation of underground bakehouse (s.101)	—		—	—	
Breach of special sanitary requirements for Bakehouses (ss. 97 to 100).	—		—	—	
Failure as regards lists of outworkers (s. 107).	—		—	—	
Other offences	—		—	—	
(Excluding offences relating to outwork which are included in part 3 of this report.)					
	7	7			

Annual Report continued:-

3. OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories:—	
Failure to affix Abstract of the Factory and Workshop Act (s. 133)	I
Action taken in matters referred by { H.M. Inspectors as remediable under the Public Health Acts but not under the Factory Act (s. 5)	I
Notified by H.M. Inspectors	
Reports (of action taken) sent to H.M. Inspectors.	None
Other	None
Underground Bakehouses (s. 101)	There are none...
Certificates granted during the year	...
In use at the end of the year	...
Home work:—	Number of
<i>Lists of Outworkers</i> (s. 107)	Lists. Outworkers.
Lists received...	None None
Addresses of outworkers { forwarded to other Authorities .. There are none received from other Authorities ...	
<i>Homework in unwholesome or infected premises:—</i>	Wearing Apparel Others
Notices prohibiting homework in unwholesome premises (s. 108)	None * None
Cases of infectious disease notified in homeworkers' premises ...	None None
Orders prohibiting homework in infected premises (s. 110) ...	None None
	Number, (2)
Workshops on the Register (s. 131) at end of the year ...	
WORKSHOP BAKEHOUSES.	
Mrs. Margaret Taylor, 102, Ravensworth Road, Dunston, Baker.	
Stephenson & Mallam 2 & 4 Ravensworth Rd. Dunston Baker.	
Thomas Handy, Commercial Buildings, Dnnston.	
R. & J. Culey, 12, Market Lane, Dunston	
A. Thompson. 72 Wellington Road, Dunston.	
Alexander Hall, The Crescent, Dunston.	
E. Robson Ryle, Front Street, Swalwell.	
Miss Hope, Front Street. Whickham.	
R. & J. Culey, 14, Kensington terrace, Dunston. Bakers	
Total number of workshops on Register 23	Total

ANDREW SMITH.

Medical Officer of Health.

February, 1913

Vital Statistics for the Whole District during 1913 and Previous Years.

48. TABLE I.

YEAR.	Popu- lation estimated to middle of each Year	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT		Deaths of Non- residents registered in Public Institu- tions in the District.	Deaths of Residents registered in Public Institu- tions beyond the District	NETT DEATHS BELONGING TO THE DISTRICT.		
								Under 1 Year of age		
								Number	Rate per 1,000 Births registered	number
		Un- corrected Number.	NETT							
	2	3	Number 4	Rate 5	Number 6	Rate 7	8	9	0	Rate
1908	16195	580	580	35.8	224	13.8	0	14	74	127
1909	16719	605	605	36.1	208	12.4	0	15	58	95
1910	17261	552	552	31.9	207	11.9	0	16	64	115
1911	18469	551	556	30.1	224	12.1	2	32	80	143
1912	19164	573	580	30.2	216	11.2	3	29	50	86
1913	19857	563	565	28.4	235	11.83	9	41	85	150
										267
										13.4

NOTE.—The deaths to be included in column 7 of this Table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 6, corrected by the subtraction of the number in Column 8 and the addition of the number in Column 9.

By the term "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

Area of District in acres (exclusive of area covered by water)—6,000

Total population at all ages.....18,332 At
Number of inhabited houses..... 3,677 Census of
Average number of persons per house 4.9 1911

Table I continued
Vital Statistics of whole District continued.

I. Institutions within the District receiving sick and infirm per- sons from outside the District	II. Institutions outside the District receiving sick and infirm per- sons from the District	III. Other Institutions, the deaths in which have been distributed among the several localities in the District
None	Gateshead Union Workhouse County Asylum. Conjoint Isolation Hospital, Normans Riding	

Is the Union Workhouse within the District? No.

Cases of Infectious Disease Notified during the Year 1913

Notifiable Disease.	Cases Notified in the Whole District.							Total cases notified in each Locality				No. of Cases re-moved to Hospital from each Locality.				Total cases re-moved to Hospital
	At all Ages	At Ages.—Years.					Whickham	Swalwell	Marley Hill.	Dunston	Whickham.	Swalwell	Marley Hill	Dunston		
		Under	1 to 5.	5 to 25	25 to 45	45 to 65									65 and upwds	
Small-pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous croup)	21	1	8	2	1	...	11	1	7	2	...	...	...	...	...	15
Erysipelas	4	...	...	...	3	1	1	...	2	1	...	...	...	...	...	...
Scarlet fever	111	...	29	6	1	...	3	76	30	2	...	...	...	...	...	89
Typhus fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever	2	...	...	...	...	...	1	...	1	...	...	...	...	...	...	2
Relapsing fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	28	...	...	7	10	5	5	6	16	1	...	...	...	...	...	...
Other Tuberculosis	26	...	3	3	4	...	5	6	13	2	...	...	...	...	...	...
Totals	192	1	40	18	19	6	26	89	69	8	...	...	...	...	...	106

ISOLATION HOSPITAL:—Blaydon, Whickham, Ryton Conjoint Hospital, Norman's Riding, in Blaydon Urban District
 Total available beds, 41. Number of Diseases that can be concurrently treated 3, and similar Conjoint Smallpox
 Hospital at Sealburn in Ryton Urban District 12 beds.

TABLE III.

Causes of, and Ages at, Death during Year 1913.

Causes of Death.	Nett Deaths at the subjoined ages of Residents whether occurring within or without the District,									Deaths of Residents or non- Residents in Insti- tutions in District.
	All ages	Under 1	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and upwards	
Enteric Fever	1					1				
Small-pox										
Measles... ..	3	1	2		...	...	...	...	...
Scarlet fever	1			1						
Whooping-cough	1			1		...	...	...	...
Diphtheria and Croup ...	3		1	2						
Influenza	1		...	...	...	...			...
Erysipelas	1	1								
Cerebro-Spinal Fever										
Fever { Typhus... ..										
{ Enteric... ..										
{ Other Continued										
Phthisis (Pulmonary										
Tuberculosis	20	...	...	...	3	3	6	7	1	
Tuberculous Meningitis	1	...	1			...	...	...	...
Other Tubercular Diseases	7	...	1	1	1	1	2	1	...	
Cancer, Malignant Disease	15	...	...	...		...	3	6	6	
Rheumatic fever ... ..		...	...	...	...	...	...
Organic Heart Disease...	16			...		1	2	6	7	
Bronchitis	23	8		...	...	...		3	12	
Pneumonia (all forms) ...	23	8	7	2	2	...	2		2	
Other Diseases of Respira- tory Organs...	6	...	2	...	1	...	1	1	1	
Diarrhœa and Enteritis	19	14	3	1	...	...	...	...	1	
Appendicitis and Typhlitis	1					1				
Cirrhosis of Liver	3							2	1	
Alcoholism		...	...	...	...	...	...		...
Nephritis & Bright's disease	7		...	1		...	2	1	3	
Puerperal Fever... ..	4	...	...	...	...	1	3	...	...
Other accidents and diseases of Pregnancy and Parturition ...	3	...					3			
Congenital Debility and Malformation, including Premature Birth ...	43	43	...	...	...	...	...	...	...
Violent deaths excluding suicides	6		...		1	1	3	1	...	
Suicides	2							2		
Other defined diseases...	34	6	1		1	2	5	11	8	
Diseases ill-defined or unknown	23	4		...		...	1	2	16	
	267	85	18	9	9	11	33	43	59	

TABLE IV.

INFANTILE MORTALITY

Deaths from stated Causes in Weeks

CAUSE OF DEATH				Under 1 Week,	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.
ALL CAUSES.	Certified	...	...	22	5	3	4
	Uncertified	...	...			1	
Common Infectious Diseases	Small Pox		...				
	Chicken-pox	...	...		
	Measles	...	...	...	...	...	...
	Scarlet Fever	...	...		
	Diphtheria, Croup		...				
Diarrhæal Diseases,	Whooping Cough		...	...	...	...	...
	Diarrhœa,	...	...	...	...	...	...
Tuberculous Diseases	Enteritis,	...	...	...	...	...	...
	Tuberculous Meningitis		...	...	...	...	...
	Abdominal Tuberculosis		...				
Wasting Diseases.	Other Tuberculous Diseases		...	...	...	...	...
	Congenital Malformations	...	...	2	...	...	1
	Premature Birth	...	...	14	1	2	1
	Atrophy, Debility, Marasmus		...	1	2	1	
	Atelectasis	...	...	1			
	Injury at Birth		...	...	...	...	...
	Erysipelas	..	...		
	Syphilis	...	...		
	Rickets	...	...		
	Meningitis (not Tuberculous)		...				
	Convulsions	...	...	1	...	...	...
	Gastritis,	...	...		
	Laryngitis	...	..		
	Bronchitis	..	..	...	2	...	...
	Pneumonia	...	...	...	...	...	...
	Suffocation, Overlying		...				
	Other Causes		...	3	..	1	2
				22	5	4	4

District (or sub-division) of Wickham.

Births in the year } legitimate 542
 } illegitimate 22
 Deaths from all Causes at all ages

DURING THE YEAR 1913.

and Months under one Year of age.

Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
34 1	14 1	13	10	12	83 2
...	...	...	1		1
...
...	1	3	4	4	12
...	...	...	...	1	1
...
...
3	...	1	...	...	4
18	...	...	...	...	18
4	5	5	...	2	16
1	...	...	...	...	1
...	...	...	1	...	1
...	...	...	1	...	1
1	1	...	...	...	2
...	2	1	1	2	8
...	3	2	1	2	8
6	2	2	1	1	12
35	14	14	10	12	85

Population Estimated to middle of 1913. 19857

Deaths in the year of	} legitimate infants 83
	} illegitimate infants 2





